



# Application Form Special Event Temporary Closure

**Postal Address**  
LMB 7  
Inglewood QLD 4387

**Engineering Services**  
Ph: 07 4671 7449  
Fax: 07 4671 7433

**Internet/Email**  
www.grc.qld.gov.au  
mail@grc.qld.gov.au

*Applicants shall make themselves familiar with Council's Cost Recovery Fees & Commercial Charges which are available by contacting Goondiwindi Regional Council or on Council's website at [www.grc.qld.gov.au](http://www.grc.qld.gov.au)  
Note: The prescribed fee includes the provision of signage required for the closure subject to availability*

### Applicants Details:

Business Name:	<input type="text"/>	
Contact Person:	<input type="text"/>	Position: <input type="text"/>
Postal Address:	<input type="text"/>	
Email:	<input type="text"/>	Contact Number: <input type="text"/>
Organisation Type:	<input type="checkbox"/> Commercial <i>(Application fee applies)</i>	<input type="checkbox"/> Not for Profit <i>(Exempt from application fee)</i>
	<input type="checkbox"/> Other ..... <i>(Application fee may apply. Contact Council for clarification)</i>	

### Site & Event Details:

Event Name:	<input type="text"/>	
Event Description:	<input type="text"/>	
Closure Required:	<input type="checkbox"/> Road/Laneway <input type="checkbox"/> Footpath	<input type="checkbox"/> GNH&W Park <input type="checkbox"/> Recreational Area
	<input type="checkbox"/> Carpark (number required .....) <input type="checkbox"/> Other .....	
Event Location:	<input type="text"/>	
	<i>Note: Approval for the closure on state controlled roads must be obtained by the applicant from the Department of Transport &amp; Main Roads</i>	
Period of Closure:	Start Date:	Start Time: am / pm
	Finish Date:	Finish Time: am / pm

### Applicant Checklist:

The following must be provided with the application:

- A Traffic Management Plan (TMP) prepared by a qualified person (GRC is able to prepare a TMP on a fee for service basis)
- Public Liability Insurance (minimum of \$20 million)
- General Permit from Queensland Police Service (if applicable)
- Application Fee (if applicable)

Signature:	<input type="text"/>	Date:	<input type="text"/>
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### Office Use Only:

Fee Payable: \$	<input type="text"/>	Date:	<input type="text"/>	Receipt #:	<input type="text"/>
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COMMENTS: